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Bib Data Sheet

CONFIRMATION NO. 2713

<b>SERIAL NUMBER</b> 10/725,080	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 54074D3
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*which is a CIP of 10/635,045 01/03/2001  
 and is also a CIP of 09/897,427 07/03/2001  
 and which also*

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/179,373 06/26/2002 which claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001  
 and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,143 04/22/2002

*AL 1/17/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*now AL 9/17/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 01/28/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature <i>Carol</i> Initials <i>AL</i>				

**ADDRESS**

21967

**TITLE**

Isolated (T1R1/T1R3) umami taste receptors that respond to umami taste stimuli

<b>FILING FEE RECEIVED</b> 594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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